

**STATE OF MISSOURI**

**COMMUNITY**

**ORGANIZATIONS ACTIVE**

**IN**

**DISASTER**

**(COAD)**

**Guidance Manual**

Revised January 1, 2002

**STATE OF MISSOURI  
COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER  
GUIDANCE MANUAL**

**Prepared for:  
THE EMERGENCY MANAGEMENT COMMUNITY  
LOCAL COMMUNITIES  
GOVERNMENT AGENCIES  
PRIVATE AND NOT-FOR-PROFIT AGENCIES  
CIVIC ORGANIZATIONS**

**Written by:  
THE MISSOURI DISASTER RECOVERY PARTNERSHIP**

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**Revised January 2002**

## **FORWARD**

The “**Community Organizations Active in Disaster Guidance Manual**” was written by the Missouri Disaster Recovery Partnership. The Partnership is an association of public and private agencies appointed by the Governor. The mission of the **Partnership** is as follows:

*The mission of the **Disaster Recovery Partnership** is to aid in Missourians recovery plans by developing and implementing a holistic approach to disaster recovery, maximizing public and private resources to facilitate an efficient and effective integrated system addressing human services, housing, infrastructure, community and economic development issues.*

In keeping with this mission, the Partnership is capitalizing on the groundwork laid down by local unmet needs committees that have emerged in local communities after every major disaster since Hurricane Andrew. Some 60 communities across the State of Missouri had experience with committees developed on this model following the 1993 Midwest Floods.

The Partnership intends to assist communities or geographic areas across the state establish Community Organizations Active in Disaster (COADs). COADs would provide the platform for launching unmet needs groups in their communities in the event of a disaster event, but would also do much more. COADs will be permanently established and their mission will encompass the four phases of emergency management; mitigation, preparedness, response and recovery. COADs will use community disaster education, hazard analysis, training exercises, classes for community leadership, local emergency management plans, and the expertise of its members to bring holistic disaster awareness to its community and citizens.

Some such groups, operating under a variety of names have formed out of the 1993 Flood Unmet Needs Committees. These groups continue to function because they produce benefits such as: efficiency of networking, a broader base of educational opportunities, enhanced communication and cooperation. The Partnership’s goal is to support these entities, as well as assisting in the establishment of others.

The Partnership initially began this process with adaptation of a guidance manual, sanctioned by the National Voluntary Organizations Active in Disaster (NVOAD), which dealt exclusively with unmet needs committees and casework processes. The Partnership COAD Workgroup soon found its vision was beyond this one type of committee. The product of this expanded vision is the “**Community Inter-Agency Disaster Organization Guidance Manual**”. This document is intended for the emergency management community, local citizens, government agencies, private and not-for-profit agencies and other civic organizations who wish to serve their community in any or all of the four phases of emergency management. For further information contact the State Emergency Management Agency - Statewide Volunteer Coordinator (573-526-9132).

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**I. MISSION OF A COMMUNITY INTER-AGENCY DISASTER ORGANIZATION:**

A Community Inter-Agency Disaster Organization (COAD) is an organization, based within a community or geographic area, that is composed of representatives from public, private and not-for-profit agencies. A COAD will enhance the community's ability to mitigate, prepare, respond and recover from disasters thus ensuring that human needs inherent in a disaster situation are evaluated and addressed.

## **II. INTRODUCTION**

### **What is a COAD?**

Community Organizations Active in Disaster (COADs) may be considered the successors to Unmet Needs Committees from the 1993 Midwest Floods because they represent many human services providers and a concern for the relief and recovery of victims of disasters. The similarity, however, ends there. COADs have a much broader mission - to strengthen area-wide disaster coordination by sharing programs, policies, information, joint planning and training.

### **COADs will be active in all four phases of emergency management:**

#### **Mitigation**

Any activity taken to eliminate or reduce the degree of long term risk to human life, property and the environment from the effects of natural and technological hazards.

#### **Preparedness**

Any activity taken in advance of an emergency that improves emergency readiness posture and develops or expands operational capabilities.

#### **Response**

Any action taken immediately before, during or directly after an emergency occurs to save lives, minimize injuries, lesson property and environmental damage and enhance the effectiveness of recovery.

#### **Recovery**

A short term activity to return vital life support systems to minimum operating standards and/or a long term activity designed to return the affected people and areas to their pre-disaster conditions.

### **When is a “COAD” organized?**

The answer is ..... “the sooner the better !

Communities and citizens are unquestionably better served if a COAD is in place for planning and education long before a disaster strikes. The perfect window of opportunity for creation of a COAD may seem to be after a disaster occurs when there is increased interest and multiple organizations are emerging to provide services. The reality, however, is that organizing a COAD in the midst of a crisis may impede the recovery process.

## **Who participates in a COAD?**

COADs will include any agency that has a role to play in any phase of emergency management. This includes disaster services agencies, emergency management agencies, and public, private or not-for-profit organizations with an interest in addressing a community's emergency management needs. The COAD will be a collaborative working group in which all the participants are equal partners united by common goals.

## **Disasters**

Disaster means any natural or human caused catastrophic event that results in damage, loss, hardship or suffering. Disasters may be individual household, local, regional, state wide, or national in scope.

## **III. GUIDING PRINCIPLES AND GOALS OF A COAD:**

Every COAD must determine how best to carry out its community's aspirations and priorities while meeting the needs of its citizens. However, as a starting point, COADs may wish to adopt the suggested concepts below.

### **Principles**

- A COAD should provide a forum for information sharing, communication, cooperation and collaboration between agencies involved in emergency management.
- A COAD should be a resource to citizens of the local community during all four phases of emergency management.
- A COAD should support and be a resource to community emergency management in all four phases: mitigation, preparedness, response and recovery.

### **Suggested Goals and Objectives**

Imagine that the COAD is perfect. It has accomplished everything it needs to do before a disaster occurs. What would such a COAD look like? The ideal characteristics of a COAD can become its goals and objectives. In order to measure the effectiveness of a COAD or evaluate it, one can measure it against the accomplishment of these goals and objectives. The following is a list of suggested goals and objectives for the "ideal" COAD:

#### **Goal 1: An inter-agency group is in existence and has assumed responsibility for coordinating inter-agency activities related to emergency management.**

- This inter-agency group will most likely come into existence through one of two methods (although other methods are possible):

An existing group has assumed the responsibilities for these activities  
An independent interagency group has formed and assumed  
responsibilities of a COAD.

- All appropriate agencies are engaged in the COAD process.
- COAD groups or sub-groups meet as often as necessary to ensure that the goals as defined below are being accomplished.

**Goal 2: The COAD or sub-group is prepared to begin functioning as an unmet needs committee immediately following a disaster.**

- All appropriate participants have been identified.
- All appropriate participants have met and are oriented as to the unmet needs committee process.
- All participants have been trained in issues of client confidentiality.
- A release of confidential information form has been developed or identified for use by participating agencies.
- Leadership has been identified.
- A mechanism is in place for activation of the unmet needs committee.
- A mechanism has been developed for taking and sharing meeting minutes.
- All participants understand the "delivery sequence" of services to disaster victims that is currently used nationwide to prevent duplication of benefits.
- The COAD has a plan for dealing with cash and in-kind donations.

**Goal 3: A plan exists, involving all appropriate agencies, to respond to and utilize volunteers in the event of a disaster.**

- All appropriate agency volunteer coordinators have been identified.
- All appropriate agency volunteer coordinators have met.
- All appropriate agency volunteer coordinators have been trained in effective volunteer management regarding:
  - Training
  - Placement



### Supervision

- All appropriate agency volunteer coordinators have been trained in special issues related to managing disaster volunteers including the following:
  - Stress
  - Debriefing
  - Safety
  - Liability
- Working agreements between organizations have been established relating to delineating primary responsibility for intake, skills assessment and referral of spontaneous unaffiliated volunteers.

**Goal 4: A plan exists for managing the receipt and distribution of in-kind donations of supplies and materials in the event of a disaster.**

- The plan identifies those agencies that have agency plans to handle inkind donations and intend to do so.
- The plan coordinates communication with media and the community on all agencies needs.
- The plan determines how all appropriate agencies share information on what supplies each agency has, and how those supplies/resources will be shared and distributed between agencies.
- The plan ensures that federal and state resources for supporting donations management are identified and procedures are in place utilizing these resources.

**Goal 5: COAD members have an awareness of emergency management issues and have received appropriate training.**

- The training needs of COAD members have been identified.
- Sources of training have been identified and shared with the COAD. This training may be provided by members of the COAD or by other sources such as SEMA or FEMA.
- Agencies are committed to taking advantage of available training prior to a disaster.

## **IV. HOW TO ORGANIZE A COAD**

**A. Explore existing inter-agency groups that could assume the COAD role**

If there are other interagency groups, examine those groups' goals and objectives to determine how closely they match those of a COAD. If compatibility exists, then seek to have one group to assume COAD goals and objectives. If there are no existing groups, then form a separate COAD.

## **B. Appropriate Agencies to Involve**

The goal of organizing a COAD is to involve as many agencies as possible. Appropriate agencies to involve in a COAD are those that conceivably play a part in emergency management, including human services, emergency management or other response agencies. Some agencies may be more active in one phase than another.

COADs can consider the desirability of including more than one individual from a particular agency. For example: the volunteer manager, the donations manager, the individual case manager - all could have appropriate roles on the COAD. The individual representative should have at least some decision making authority for their area of involvement.

The Missouri Disaster Recovery Resource Guide will provide the Missouri Voluntary Organizations Active in Disaster (MOVOAD) listings as well as state agencies that have a role in a COAD. This document is available from the State Emergency Management Agency. Contact the Statewide Volunteer Coordinator (573-526-9132) for copies of the Missouri Disaster Recovery Resource Guide and to obtain contact information. The SEMA Statewide Coordinator can provide information and assistance to COADs. SEMA Area Coordinators may also provide help.

## **V. PHASES OF EMERGENCY MANAGEMENT**

Emergency management has four phases. They are mitigation, preparedness, response and recovery. COADs have the opportunity to be involved in all four phases.

### **A: Mitigation**

Mitigation is any activity taken to eliminate or reduce the degree of long term risk to human life, property and the environment from the affects of natural and technological hazards. Mitigation activities that might involve COADs are as follows:

1. Involvement in the Local Emergency Planning Committee (LEPC).
2. Participation in special mitigation events such as severe weather awareness week..
3. Participation in community disaster education.
4. Monitoring mitigation efforts in the community.

### **B: Preparedness**

Preparedness is any activity taken in advance of an emergency that improves emergency readiness posture and develops or expands operational capabilities. Preparedness activities that

might involve COADs are as follows:

1. Education, orientation and training for agencies and individuals involved in the COAD.
2. Participation in community disaster planning efforts and creating or developing plans for COAD agencies.
3. Creating a resource guide of agencies and services that may support disaster operations.
4. Interaction and collaboration with emergency management agencies.

#### **C: Response**

Response is any action taken immediately before, during or directly after an emergency occurs to save lives, minimize injuries, lesson property and environmental damage and enhance the effectiveness of recovery. Response activities that might involve COAD's are as follows:

1. Participation in donations management.
2. Supporting volunteers and volunteer management especially emergent volunteers.
3. Providing support and human services to primary disaster response organizations.

#### **D: Recovery:**

A short term activity to return vital life support systems to minimum operating standards and/or a long term activity designed to return the affected people and areas to an acceptable standard of safety and sustainability. Recovery activities that might involve COADs are as follows:

1. Create an unmet needs committee in the community.
2. Support ongoing recovery operations with human services, referrals and resources.
3. Support ongoing donations and volunteer management.
4. Advocate for disaster victims.

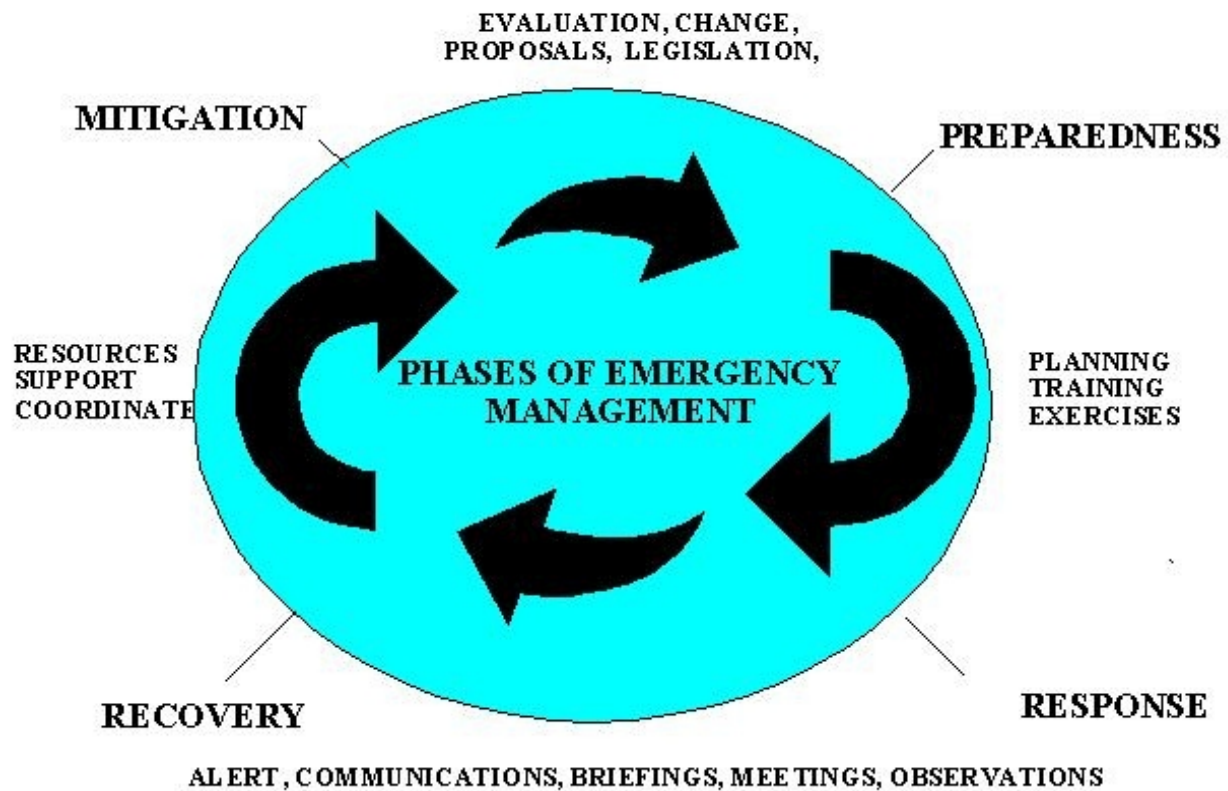
### **V. APPENDICES**

#### **Appendix A. Diagrams**

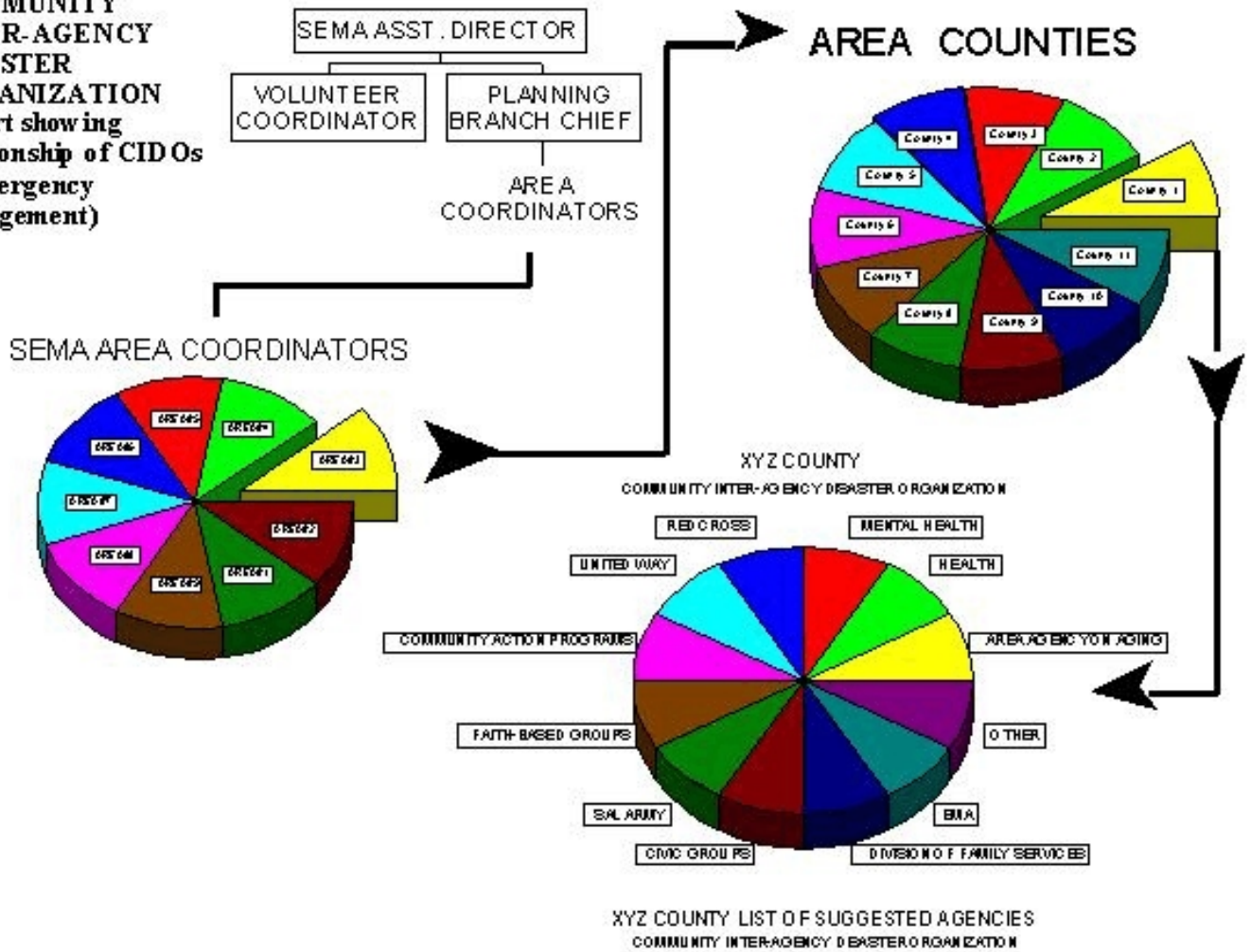
#### **Appendix B. Contacts and Reference Materials**

#### **Appendix C. Attachments: Operational Guidance Materials for COADs**

## DISASTER RECOVERY PARTNERSHIP PLANNING CYCLE



**COMMUNITY INTER-AGENCY DISASTER ORGANIZATION**  
(Chart showing relationship of CIDsOs to emergency management)



## **Appendix B. CONTACTS AND REFERENCE MATERIALS**

The SEMA Statewide Coordinator can provide information and assistance to COADs. SEMA Area Coordinators may also provide help. The Missouri Disaster Recovery Resource Guide will provide the Missouri Voluntary Organizations Active in Disaster (MOVOAD) listings as well as state agencies that have a role in a COAD. This document is available from the State Emergency Management Agency. Contact the Statewide Volunteer Coordinator (573-526-9132) for copies of the Missouri Disaster Recovery Resource Guide. Additional contact information and reference materials listed below can be obtained from the Statewide Volunteer Coordinator.

### **Contacts:**

NVOAD  
MOVOAD  
FEMA Special Representative Region VII  
SEMA Training Officer  
Disaster Recovery Partnership  
Caring Communities  
Community Betterment Organization  
CHART  
Missouri Volunteer  
Points of Light Foundation  
Missouri Emergency Preparedness Association

### **Reference Materials:**

Missouri Disaster Client Universal Intake Form  
Approved Cooperative Release of Confidential Information Form (Appendix C)  
Policy Guidance for Draft Release of Confidential Information Form (Appendix C)  
Disaster Recovery Partnership Statement of Understanding on Interagency Coordination on  
Client Data And Referrals (Appendix C)  
Area Coordinator List and Map  
Unmet Needs Committee Manual  
Missouri State Donations Plan

**Appendix C.**

**Attachments: Operational Guidance Materials for COADs**

**Client Confidentiality and Referrals Tool Kit**

- a. Sample Policy on Inter-agency Coordination of Client Data and Referrals**
- b. Statement of Understanding on Client Data and Referrals**
- c. Sample Release of Confidential Information Form**

**Community Organizations Active in Disaster  
FOR  
INTERAGENCY COORDINATION ON CLIENT DATA AND REFERRALS**

1. This planning guidance is for preparedness, response and recovery phases of all significant disaster operations.
2. The Approved Cooperative Release of Confidential Information Form and the Universal Intake Form are designed to be adapted and used by local communities especially Community Organizations Active in Disaster (COADs) or similar recovery organizations.
- B. A COAD is the best organization to decide how to design and implement this planning guidance for designing the procedures for cooperative information sharing.
- C. COADs must decide which agencies will participate and take lead roles in implementing this planning guidance.
- D. A COAD plan for using the Cooperative Release of Confidential Information Form and the Universal Intake Form may have the following concepts:
  - A. The first responding COAD agency to establish a relief operation at a disaster scene shall do the following:
    - (1) Canvass every client that is served or interviewed to determine if they will agree to sign Cooperative Release of Confidential Information Form and complete Universal Intake Form.
    - (2) Caseworkers for the responding agency (or an assisting agency ) complete the Universal Intake Form for every client that agrees to sign the Cooperative Release of Confidential Information Form.
    - (3) Compile all completed Universal Intake Form forms into one file or database.
    - (4) Be prepared to share the Universal Intake Form file/database with other responding agencies or the entire Community Interagency Disaster Organization (COAD) during an unmet needs committee type meeting.
  - B. Agencies may use the Universal Intake Form for any recognized disaster service to clients and may pro-actively contact clients based upon information provided by Universal Intake Form. Agencies should collaborate and communicate with each other to prevent duplication and unnecessary or counter productive contacts with clients.
  - C. A COAD plan for interagency coordination on client data and referrals should supplement and not replace the normal inter-agency system of disaster referrals. Individual caseworkers working with individual clients are best able to determine disaster related needs. For this reason caseworkers are still the best source of appropriate and accurate referrals.
  - D. COAD agencies must be absolutely clear regarding appropriate and inappropriate methods and situations for contacting clients. For example: a mass fatality accident or disaster with large numbers of casualties will result in tremendous grief and bereavement on the part of clients. Contact with clients must be tightly controlled under these circumstances.
  - E. COAD agencies should consult with their state and national counterparts for guidance and support. COADs may consult with the Missouri Disaster Recovery Partnership and Missouri Voluntary Agencies Active in Disasters (MOVOAD) on inter-agency collaboration issues.



**Disaster Recovery Partnership**

**Statement of Understanding on Interagency Coordination on Client Data And Referrals**

As a member of the State of Missouri Disaster Recovery Partnership, I \_\_\_\_\_,  
the authorized representative of \_\_\_\_\_ (name of agency or organization)  
hereby approve of the use and adaptation of the following by local representatives of my agency:

- Approved Release of Confidential Information Form
- Universal Intake Form (known as the UIT) Form
- Operational Planning Guidance for Interagency Coordination on Client Data and Referrals.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Name of Community Inter-agency Disaster Organization or COAD)

## Approved Cooperative Release of Confidential Information Form

Draft 04-05-00

Member agencies of the above named recovery organization are listed on the back of this form. Client must check all agencies that may give and receive information pertaining to the disaster related needs of the client and the client's family.

Date: \_\_\_\_\_

Name of Disaster: \_\_\_\_\_

- I, \_\_\_\_\_ authorize any agency named as participating  
(Name of Releasing Party)  
in the above named recovery organization to release to and receive from any other participating agency in the above named organization information maintained by those agencies for the purpose of providing assistance for the disaster-related needs of me and /or my family. This would include any and all information contained in the Universal Intake Form. This release will be effective for 12 months from the date of my signature below.
- I further understand that the release of this information does not guarantee that assistance will be provided, but that without the information, my case cannot be presented to members of the above named recovery organization for consideration.

Signature:

Signature: (Spouse)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Print Name Here)

\_\_\_\_\_  
(Print Name Here)

Identification\* \_\_\_\_\_

Identification\* \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

FEMA Control Number\*\* \_\_\_\_\_

\* Identification should verify client's pre-disaster address. (Driver's license utility bill, etc.)

\*\* Control number is not a guarantee of assistance from FEMA. It is for tracking purposes only.

Approved Cooperative Release of Confidential Information Form

Disaster clients must individually approve every agency before that agency may use or release confidential information about the client. Clients must place their initials beside the agencies listed below indicating permission is granted. This will permit that agency to give and receive information pertaining to the disaster related needs of the client and the client's family.

INITIALS	AGENCY	SERVICES PROVIDED
_____	Church World Service	Recovery assistance to families
_____	Missouri Community Service Commission	Program resources e.g. AmeriCorps
_____	The Salvation Army	Emergency and recovery assistance to families
_____	Missouri Catholic Conference	Recovery assistance to families
_____	Missouri Housing Development Commission	Housing resources
_____	American Red Cross	Emergency and recovery assistance to families
_____	Department of Health	Health related services
_____	United Way	Referral resources
_____	Department of Social Services	Assistance programs
_____	Missouri Association of Social Welfare	Referral resources
_____	University of Missouri	Information and referrals
_____	Division of Aging	Programs for seniors and special needs
_____	Missouri Southern Baptist Convention	Feeding and clean-up assistance
_____	Department of Mental Health	Crisis counseling and mental health services
_____	Legal Services (legal aid)	Legal services and information
_____	Missouri AFL-CIO	Community recovery projects
_____	U.S. Department of Agriculture	Help for agriculture related losses
_____	Community Action Agencies	Assistance for recovery and other needs
_____	Federal Emergency Management Agency	Federal disaster relief programs
_____	State Emergency Management Agency	State and federal disaster relief programs
_____	Local emergency management agency	Referrals and resources for disasters
_____	Area Agency on Aging	Assistance for senior citizens
_____	Community Mental Health Centers	Crisis Counseling and mental health services
_____	Other agencies	
_____	Other agencies	

Witnessed by:

\_\_\_\_\_  
(Name of Worker)

\_\_\_\_\_  
(Title of Worker)

\_\_\_\_\_  
(Date)

DISASTER CLIENT UNIVERSAL INTAKE FORM

NAME OF DISASTER:			CLIENT'S FEMA CONTROL NUMBER (IF ISSUED):			
LAST NAME, HEAD OF HOUSEHOLD			FIRST NAME, HEAD OF HOUSEHOLD			
LAST NAME, SPOUSE			FIRST NAME, SPOUSE			
PREDISASTER ADDRESS NO.	STREET		UNIT NO.	CITY	STATE	ZIP
CASE OPENED BY: Agency Name		CASE TRACKING NUMBER	FAMILY IDENTIFICATION VERIFIED BY:			
NO. IN HOUSEHOLD	NO. AGE 5 OR UNDER		NO. of UNEMPLOYED DUE TO DISASTER:		SOCIAL SECURITY NO./HEAD OF HOUSEHOLD: SPOUSE:	
TYPE OF DWELLING SINGLE MOBILE HOME APARTMENT	OWNERSHIP OWN RENT FURNISHED RENT UNFURNISHED		HOUSING DAMAGE DESTROYED MAJOR MINOR NONE UNKNO WN		ESTIMATED HOUSING NEEDS PERMANENT TEMPORARY NONE	
HAVE DISASTER INSURANCE STRUCTURE: YES NO CONTENTS: YES NO TYPE OF INSURANCE: (FLOOD, EARTHQUAKE, OTHER)			TOTAL HOUSEHOLD INCOME RANGE \$0 - 7,499 \$10,000 - 14,999 \$25,000 - 34,999 \$7,500 - 9,999 \$15,000 - 24,999 \$35,000 AND OVER			
PREDISASTER TELEPHONE NO.	ALTERNATE TELEPHONE NO.		CONTACT AT ALTERNATIVE NO.			
POSTDISASTER ADDRESS (IF IN SHELTER, INDICATE WHERE)						
DISASTER RELATED NEEDS						
SPECIAL NEEDS (DISASTER RELATED)						

NAMES	AGE	SEX
MAN		
WOMAN		
CHILDREN		
OTHERS IN HOME		

COMPLETED BY:
WORKER NAME:
AGENCY:
DATE:
CLIENT SIGNATURE:
DATE:

**Attachments: Operational Guidance Materials for COADs**

**COAD Long Term Recovery Sub-committee Tool Kit**

- a. Sample Policy for Long Term Recovery Assistance**
- b. Sample Worksheet for Client Case File**
- c. Sample Note of Decision**

**COMMUNITY INTER-AGENCY DISASTER ORGANIZATION (COAD)**  
**LONG TERM RECOVERY SUB-COMMITTEE**  
POLICY AND PROCEDURES

**MISSION STATEMENT**

To strengthen area-wide disaster coordination in \_\_\_\_\_ County by sharing information, simplifying resident access, and jointly resolving cases with unmet needs.

**I. ELIGIBILITY**

- A. Application
  - 1. The head of the household must submit a fully completed and signed application (see attachment A). Verifications requested by the Sub-committee must be provided.
  - 2. Applicants must provide a signed Release of Information (See Attachment B) to the Sub-committee.
  - 3. Applicants must have applied and been accepted for all other assistance available to them before receiving any assistance from the Sub-committee.
- B. Residency
  - 1. All eligible applicants must have been residents of County during the designated disaster.
- C. Ownership Status
  - 1. Home Owner: Assistance is available only for a primary residence
  - 2. Renter: Only non-structural assistance will be considered.
  - 3. Businesses: Only businesses located in the home at the time of the disaster will be considered.
- D. Financial Eligibility
  - 1. All applicants must provide proof of a clear financial hardship to the household as determined by the Sub-committee.
  - 2. Households must either be not insured or under insured.

**II. ASSISTANCE AVAILABLE**

- A. Assistance May Include:
  - 1. Either financial assistance or labor may be provided to eligible household to provide a safe living environment
  - 2. Assistance will be provided only to restore or provide essential living space.
  - 3. Assistance shall not be an upgrade of the applicant's previous living condition
  - 4. A disaster-caused serious, unmet need is something the household can not provide for themselves.
- B. Assistance Will Not include:
  - 1 Cash payment to the household.
  - 2 Assistance with an on-going social issue. (Keeping the "wolf from the door one more month)

3. Assistance with a pre-disaster condition.
4. Repairs or purchases of any vehicle with the exception of motorized wheelchairs.
5. Repairs to rental or investment property.

### **III. APPLICATION PROCESS**

#### **A. Review Process**

1. Once a completed application is received, it shall be presented to the Sub-committee at the next scheduled Sub-committee meeting.
2. Applications shall be reviewed by the Sub-committee with no household members present.
3. Applicants shall receive a written notice of decision (Attachment C) within three (3) working days after the Sub-committee Meeting.

#### **B. Appeal Process**

1. Every applicant, whether granted assistance or not, shall be informed of the right to appeal the decision of the Sub-committee. This notice shall be on the written notice of decision. (Attachment C)
2. An applicant may appeal a Sub-committee decision by providing a statement in writing to one of the participating Sub-committee agencies within 5 working days of the decision date on the notice of decision. The appeal shall be placed on the agenda of the next scheduled Sub-committee meeting. The agency who receives the appeal will be responsible for informing the applicant of the date and time of the hearing.
3. At such hearing, the applicant shall have the opportunity to present all relevant evidence in support of the appeal, including documentation, and may call witnesses in his or her behalf. The applicant's original application shall be admitted into evidence. The Sub-committee members may question the applicant, and the case-working agency. The applicant shall not be present when the Sub-committee deliberates on the appeal.
4. The Sub-committee shall decide the appeal within five (5) working days of the hearing, and shall immediately notify the applicant of its decision in writing.
5. All Sub-committee decisions at the appeal shall be final.

#### **IV. SUB-COMMITTEE STRUCTURE**

- A. Membership will consist of agencies that will act as case workers, and groups or agencies that have resources to offer the Sub-committee for disaster victims.
- B. All members of the Sub-committee must make a commitment to attend each scheduled case review meeting or send a designee who has the authority to make needed decisions at the meeting.
- C. Individual agencies shall act as Case Workers for the purpose of the Sub-committee's assistance.
- D. A summary of cases to be reviewed will be sent out, by e-mail or fax, to each member of the Sub-committee before the scheduled meeting to help each member prepare for the meeting.
- E. Each Sub-committee member will sign a confidentiality statement at every meeting.
- F. Only agencies and Sub-committee members listed on the signed release of information shall hear a case.

*Assistance may only be granted to the extent that resources are available to the Sub-committee.*



**COMMUNITY INTER-AGENCY DISASTER ORGANIZATION  
2002 EMERGENCY DISASTER ASSISTANCE WORKSHEET**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Initial)

Primary Residence

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Temporary Residence (If Different)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name (First & Last) (List Head of Household First)	Age	Relationship

Were you a Resident of \_\_\_\_\_ County during the designated disaster? ( ) Yes ( ) No

## ASSISTANCE APPLIED FOR AND/OR RECEIVED

\_\_\_\_\_ Own      \_\_\_\_\_ Rent  
 \_\_\_\_\_ SFD      \_\_\_\_\_ MH      \_\_\_\_\_ Duplex  
 \_\_\_\_\_ Destroyed      \_\_\_\_\_ Major      \_\_\_\_\_ Minor  
 \_\_\_\_\_ Insurance      ( ) Structural      ( ) Contents

\_\_\_\_\_ Temp Housing Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ Home Repair Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ IFG Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ SBA Loan Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ DUA Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ Other Amount \$ \_\_\_\_\_

OWNERS

Date purchased \_\_\_\_\_  
 Price \$ \_\_\_\_\_  
 Balance \$ \_\_\_\_\_  
 Own Land ( ) Yes ( ) No

**Monthly Income:**

(Check Type, Fill in amount)

**Applicant Amount:****Others in Household  
Amount:**

<input type="checkbox"/> 1. Employment Wages	_____	_____
<input type="checkbox"/> 2. Public Assistance	_____	_____
<input type="checkbox"/> 3. Social Security	_____	_____
<input type="checkbox"/> 4. SSDI	_____	_____
<input type="checkbox"/> 5. SSI	_____	_____
<input type="checkbox"/> 6. Veterans Benefits	_____	_____
<input type="checkbox"/> 7. Railroad Pension	_____	_____
<input type="checkbox"/> 8. Child Support	_____	_____
<input type="checkbox"/> 9. Dividends, Interest, Etc.	_____	_____
<input type="checkbox"/> 10. Other	_____	_____

**Resources:** (Check and fill in amount and agency)

Type	Amount	Bank, Trustee, or Company
<input type="checkbox"/> Cash	_____	_____
<input type="checkbox"/> Checking Account	_____	_____
<input type="checkbox"/> Savings Account	_____	_____
<input type="checkbox"/> Certificates of Deposit	_____	_____
<input type="checkbox"/> Trust Funds	_____	_____
<input type="checkbox"/> Life Insurance (cash value)	_____	_____
<input type="checkbox"/> Stocks and Bonds	_____	_____
<input type="checkbox"/> Vehicle	Value: _____	Year: _____
<input type="checkbox"/> Real Estate	Value: _____	Location: _____
<input type="checkbox"/> Burial Fund/Trust	_____	_____
<input type="checkbox"/> Other Resources	_____	_____

**Recovery Plans**

Has family established a plan for recovery? ( ) Yes ( ) No

Explain

What remains to be done?

Are insurance, federal, state, local and/or family resources sufficient to meet disaster-caused needs? ( ) Yes ( ) No

Explain:

What is the family's stated need?

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Has family obtained estimates for repairs or replacement of the residence? ☐ Yes ☐ No

Amount of estimates \$ \_\_\_\_\_

Obtained permits/inspections? ☐ Yes ☐ No

Checked elevation requirements? ☐ Yes ☐ No

Would you or a family member like to visit with a counselor about your experiences?

☐ Yes ☐ No

I hereby affirm, under penalty of perjury, that the statements I made on this application are true and I understand that \_\_\_\_\_ COAD Long Term Recovery Sub-committee Agency Community Inter-agency Disaster Organization will use these statements to determine my eligibility for assistance. I am aware that the information set forth in this application may be verified and investigated and if false statements or misrepresentations were made in order to be eligible for assistance, the application becomes null and void. I hereby authorize all persons including FEMA, American Red Cross, SBA, & the \_\_\_\_\_ IFG Program to release confidential information concerning my personal situation to the \_\_\_\_\_ COAD Long Term Recovery Sub-committee Agency Community Inter-agency Disaster Organization if such information is necessary.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

To be completed by COAD Long Term Recovery Sub-committee Agency:

Information Verified ☐ Yes ☐ No

**COMMUNITY INTER-AGENCY DISASTER ORGANIZATION (COAD)  
LONG TERM RECOVERY SUB-COMMITTEE**

**Release Of Information**

For  
The Provision of Non-duplicative Services and Assistance

I \_\_\_\_\_ give my permission to \_\_\_\_\_ to release,  
(Resident) (Agency)  
disclose, and receive information necessary only for the purposes of post disaster services or  
assistance to the \_\_\_\_\_ Community Inter-Agency Disaster Organization/Long Term Recovery  
Sub-Committee. This release will be effective for 12 months from the date of my signature below.

Sub-committee Agencies:

County Community Services	Baptist Churches (American)
County Div of Family Services	Baptist Churches (Southern)
County Food Pantry	Catholic Church
County /City Health Dept.	Christian World Relief
FEMA	Church of the Brethren
Area Agency On Aging	Church World Service
IFG	Episcopal Church
	Public Health (Sanitation)
	Interfaith
Salvation Army	Legal Service Corporation
Red Cross	Lutheran Church
SBA	Mennonite Disaster Service
United Way	Presbyterian Church
Volunteer Co-Op	United Church of Christ
	United Methodist

Other: \_\_\_\_\_

(Fill in the following only if resident used an "X" for his/her signature.)

The mark below was witnessed as the signature of: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

(Date)

(Resident Signature)

(Date)

**Community Inter-agency Disaster Organization  
Long Term Recovery Sub-committee  
Notice Of Decision**

Name: \_\_\_\_\_

Application Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date Application was reviewed by Sub-committee: \_\_\_\_\_

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**ACTION TAKEN**

1. \_\_\_\_\_ Your Application has been reviewed. The following assistance can be provided by the Sub-committee:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. \_\_\_\_\_ Your application has been reviewed. The Sub-committee will need the following additional information before a decision can be made:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. \_\_\_\_\_ Your application for funding has been denied for the following reason:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
COAD Long Term Recovery Sub-committee Chair

\_\_\_\_\_  
Date

Appeal Process

An applicant may appeal a Sub-committee decision by providing a statement in writing to one of the participating Sub-committee agencies within 5 working days of the decision date on the notice of decision. The appeal shall be placed on the agenda of the next scheduled Sub-committee meeting